
Guideline

Parents/Guardians accompanying their child on transfer

1 Scope

For use within the Paediatric and Neonatal Decision Support and Retrieval Service (PaNDR) for the East of England.

2 Purpose

To provide a safe and efficient guide for the transfer of parents and guardians with their neonate, child or young person whilst ensuring the safety of the patient, PaNDR team and parents themselves.

3 Definitions and abbreviations

Bliss: Charity that aims to improve outcomes for premature and/or sick babies and their families by supporting research, innovation and national guideline development

ReSPECT- Recommended Summary Plan for Emergency Care and Treatment. It is a national initiative providing a process for creating personalized recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices.

PICS-ATG: Paediatric Intensive Care Society Acute Transport Group - now known as the Paediatric Critical Care Society ATG (PCCS-ATG)

4 Introduction

In accordance with NHS England service specification for both Neonatal and Paediatric Critical Care Transport it is recommended to have a policy for parental travel arrangements. It is specified that at least one parent/guardian will be allowed to accompany their child during transfer and when it is not possible, the team must ensure that the referring hospital team has made alternative transport arrangements. Parents/guardians should always be offered the opportunity to see their child prior to transport and will be given written information about the PaNDR service and receiving unit. Bliss 'Transfer of

premature and sick babies' report (2015) also highlights the importance of ensuring that all parents are as involved as possible if their baby needs to be transferred to try to minimise the stress and anxiety they feel over the transfer.

5 Decision-making regarding fitness to travel

This guideline applies only to the parents or legal guardians of the child. First priority and duty of care during the transport period must be the safety the child and of the team. The PaNDR team undertaking the transfer, in consultation with the wider team, must make a decision in each individual case, as to whether it is appropriate and safe to transport one or two parents with the child in the ambulance. This decision is not made by the referring or receiving hospital but should be made collectively based upon the following considerations:

5.1 Health of the parent/guardian

- The parent/guardian wishing to travel must answer the infection control risk assessment questions (appendix 1).
- From the risk assessment the team must be satisfied of the outcome that the parent/guardian does not pose a risk to staff or their child. All team members must be in agreement.
- *Mask wearing by parents and staff in the ambulance should be in line with CUH current guidance*
- Hand sanitizer must be used on entering and exiting the vehicle and will be provided by the PaNDR team.
- In cases of neonatal transfers, the pregnant person should be medically discharged from midwifery/obstetric care. A discussion should be held with the wider team as to the fitness of them to travel as the PaNDR team is unable to provide midwifery care.
- In the event of emergency, the parent/guardian must be able to independently mobilise in order to exit the ambulance as the PaNDR team will need to focus on the patient.
- In cases of neonatal transfers, if the pregnant person has had a caesarean section; complicated delivery or has not been medically discharged; it may not be appropriate for them to travel in the ambulance with their baby. It is then the responsibility of the midwifery team at the referring unit to arrange transfer. There may be some exceptions to this; such as enabling a parent to travel if the baby is not expected to survive and will be made at the discretion of the team and covering consultant.

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- If the parent/guardian is known to suffer from motion sickness, travelling in the ambulance can be disorientating and exacerbate this condition. They will likely be required to travel in a rear facing seat, and so it may be in their best interest not to travel in the ambulance if they suffer from motion sickness.
 - In the event that a parent/guardian becomes unwell during transfer the team should contact the PaNDR consultant for advice. The PaNDR consultant will then risk assess the options of continuing the journey to the receiving hospital, leaving the person in a safe location; taking them to the nearest emergency department or calling an ambulance to attend. This decision will depend on multiple factors such as the clinical stability of the PaNDR patient, distance from receiving hospital and the suspected nature of the parent/guardian's condition.
 - In cases of strong suspicion of non-accidental injury, it may be appropriate to decline parental presence on transfer. This will be decided by the PaNDR consultant and will be guided by the level of clinical suspicion from the local team and police.

5.2 Security and safety

- The parent/guardian must not have been physically or verbally abusive to the staff or have behaved in a threatening manner at any time.
- Social issues must not pose a risk to staff or the child, for example where emergency protection orders are in place.
- If the parent has an existing or pre-existing medical or psychological condition which may be exacerbated by stressful situations, then transfer in the ambulance may not be advisable.
- Parents must remain seated at all times with their seat belt fastened and must endeavor not to distract the clinical team or technician during the transfer.
- Parents should be advised that due to limited space within the ambulance where items can be safely secured, we are only able to carry luggage the size of a hand luggage bag/small suitcase.
- If parents are requested to wear a surgical face mask by the team following the risk assessment. Refusal to wear a surgical mask to protect their child and team during transfer (with the exception of parents with medical exemption) will render the parents ineligible to travel in the ambulance.

5.3 The condition of the patient

- For emergency transfers, if the child is felt to be at high risk of clinical deterioration enroute it may be advisable to strongly encourage a parent/guardian to travel with the child should it be deemed safe for the team to offer this. A discussion must take place around what may happen if the child does deteriorate, the parent/guardian may be asked to go to the front of the ambulance and be supported by the technician whilst the doctor/nurse cares for the child.
- For palliative care transfers (eg to a hospice or home) or transfers of children who have a ReSPECT form in place, parent(s) should be strongly encouraged to travel should it be deemed safe for the team to offer this and a clear plan made prior to departure regarding what the team will do in the event of a clinical deterioration during transfer, such as stopping the ambulance in a safe location so that they can cuddle the child.

6 Communication

- Prior to departure contact numbers should be obtained from parents or legal guardians. If the parents/ guardians are unable to accompany their child, they should be contacted as soon as care has been handed over to the receiving team.
- In cases of social services involvement with the family, the contact number of the responsible social worker needs to be obtained.
- Ensure the parents/guardians are aware that alarms can be triggered by changing road conditions and staff will respond as appropriate. Also prepare them for the use of 'blue lights' if required.
- Parents/legal guardians should be given:
 - A PaNDR leaflet.
 - Contact details and directions to the receiving unit.

7 Monitoring compliance with and the effectiveness of this document

The effectiveness of the document will be monitored by review of any reported incidents via the senior management team and risk leads. These incidents will be shared with the team and consideration given at Governance meetings adjusting the guideline if concerns are identified.

8 References

- Neonatal Taskforce Document (2009)
- PICS-ATG 'Transportation of children with suspected and confirmed COVID-19' guideline (2020)
- Bliss Transfers of premature and sick babies (2015)
- [Neonatal-critical-care-service-specification-March-2024.pdf \(england.nhs.uk\)](#)
- [B \(england.nhs.uk\)](#)

Equality and diversity statement

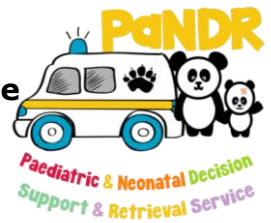
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Document management

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Author(s):	Sam O'Hare, Neonatal Clinical Lead for PaNDR Kate Jones ANNP		
Pharmacist:	n/a		
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Appendix 1: Parents travelling in the PaNDR ambulance: Infection control risk assessment questions

To be reviewed on a case by case basis

Do you have?

- Symptoms High temperature $\geq 37.8^{\circ}\text{C}$
- New continuous cough
- Loss of sense of taste or smell
- Nausea / vomiting / diarrhoea
- Muscle aches / joint aches
- Sore throat

If the parent has **ONE OR MORE** of the above symptoms, they will be unable to travel with the team